DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/10/2014 FORM APPROVED OMB NO. 0938-0391

| NAME OF PROVIDER OR SUPPLIER | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 | | (X3) DATE SURVEY COMPLETED | |
|--|---|---|--|-----------|--|--|-------------------------------|------------|
| MINSING CARE AT HARTSFIELD VILLAGE NURSING CARE AT HARTSFIELD VILLAGE (MAID PREPIX PROVIDER'S PLAN OF CORRECTION PREPIX PROVIDER'S PLAN OF CORRECTION PREPIX PROVIDER'S PLAN OF CORRECTION PROPIX PROVIDER'S PLAN OF CORRECTION PREPIX PROVIDER'S PLAN OF CORRECTION PROVIDER'S PROVIDER'S PLAN OF CORRECTION PROVIDER'S PROVIDER'S PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION PROVIDER'S PROVIDER'S PROVIDER'S PLAN OF CORRECTION P | | | 155662 | B. WING _ | | | | |
| NURSING CARE AT HARTSFIELD VILLAGE MUNSTER, IN 46321 | NAME OF PI | ROVIDER OR SUPPLIER | 1 1111 | | STRE | ET ADDRESS, CITY, STATE, ZIP CODE | 1 10/ | 00/2014 |
| PREFIX TAG (RACH DEFICIENCY MUST BE PRECIDED BY PULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/25/14 was conducted by the Indiana State Department of Health in accordance with 42 CPR 483.70(a). Survey Date: 10/08/14 Facility Number: 010758 Provider Number: 155662 AIM Number: 200229550 Surveyor: Dennis Austill, Life Safety Code Specialist At this PSR survey, Nursing Care at Hartsfield Village was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety foror and as ix bed addition in rooms 8209 to 82.14 on the second floor was surveyed with Chapter 19, Existing Health Care Occupancies. The facility is a two story building with a one story section and a partial basement. The one story section is Type II (000) construction. He building is fully sprinklered with supervised smoke | NURSING | CARE AT HARTSFIELD | VILLAGE | | | | | |
| A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/25/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/06/14 Facility Number: 010758 Provider Number: 155662 AIM Number: 200229550 Surveyor: Dennis Austill, Life Safety Code Specialist At this PSR survey, Nursing Care at Hartsfield Village was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The original one story building except for a therapy gym on the first floor and a six bed addition in rooms B209 to B214 on the second floor was surveyed with Chapter 19, Existing Health Care Occupancies. The facility is a two story building with a one story section and a partial basement. The one story section and a partial basement. The one story section is Type II (000) construction and the two story building is of Type II (111) construction. Because the one story and two sections of the building are not separated by two hour rated construction, the building is considered one building is fully sprinklered with supervised smoke | PRÉFIX | (EACH DEFICIENC | CY MUST BE PRECEDED BY FULL | PREFIX | × | (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI | | COMPLETION |
| Code Recertification and State Licensure Survey conducted on 08/25/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/08/14 Facility Number: 010758 Provider Number: 155682 AIM Number: 200229550 Surveyor: Dennis Austill, Life Safety Code Specialist At this PSR survey, Nursing Care at Hartsfield Village was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 162. The original one story building except for a therapy gym on the first floor and a six bed addition in rooms B209 to B214 on the second floor was surveyed with Chapter 19, Existing Health Care Occupancies. The facility is a two story building with a one story section is Type II (000) construction and the two story building is of Type II (111) construction. Because the one story and two sections of the building are not separated by two hour rated construction, the building is considered one building of Type II (000) construction. The building is fully sprinklered with supervised smoke | {K 000} | INITIAL COMMENTS | 3 | {K 0 | 00} | | | |
| building are not separated by two hour rated construction, the building is considered one building of Type II (000) construction. The building is fully sprinklered with supervised smoke | | Code Recertification conducted on 08/25/Indiana State Depart accordance with 42 C Survey Date: 10/08/Facility Number: 010/08/Facility Number: 010/08/Facility Number: 15/08/Facility Number: 15/08/Facility Number: 20022/Surveyor: Dennis Au Specialist At this PSR survey, Now Village was found in Requirements for Pa Medicare/Medicaid, 4/2 Life Safety from Fire National Fire Protect Life Safety Code (LS original one story build gym on the first floor rooms B209 to B214/Surveyed with Chapte Occupancies. The facility is a two section and a partial section is Type II (00/story building is of Type II) | and State Licensure Survey 14 was conducted by the ment of Health in CFR 483.70(a). 14 0758 55662 9550 ustill, Life Safety Code Nursing Care at Hartsfield compliance with rticipation in 42 CFR Subpart 483.70(a), and the 2000 edition of the ion Association (NFPA) 101, C), and 410 IAC 16.2. The ilding except for a therapy and a six bed addition in on the second floor was er 19, Existing Health Care tory building with a one story basement. The one story 0) construction and the two yee II (111) construction. | | | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE | | building are not sepa construction, the buil building of Type II (00 building is fully sprink | urated by two hour rated ding is considered one 00) construction. The klered with supervised smoke | | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/10/2014 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 | | (X3) DATE SURVEY COMPLETED | |
|--|---|--|--|---|-------------------------------|--|
| | | 155662 | B. WING | | R 10/08/2014 | |
| NAME OF PROVIDER OR SUPPLIER NURSING CARE AT HARTSFIELD VILLAGE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 503 OTIS R BOWEN DR MUNSTER, IN 46321 | , | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETION | |
| {K 000} | resident rooms, and in The facility has the cacensus of 110 at the tacensus of 110 at the tacensus where the reaccess were sprinkled facility services were | s including in corridors, in n areas open to the corridor. apacity for 112 and had a time of this survey. esidents have customary red and all areas providing | {K 00 | 0} | | |
| {K 000} | Speciality-Medical Su INITIAL COMMENTS A Post Survey Revisi Code Recertification a conducted on 08/25/1 Indiana State Departr accordance with 42 C Survey Date: 10/08/1 Facility Number: 010 Provider Number: 15 | t (PSR) to the Life Safety and State Licensure Survey 4 was conducted by the ment of Health in EFR 483.70(a). | {K 00 | 0} | | |
| | At this PSR survey, N Village was found in of Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSO new addition, consisting rooms B209 to B214 | still, Life Safety Code lursing Care at Hartsfield compliance with | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/10/2014 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDII | PLE CONSTRUCTION IG 01, 02 | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|-------------------------|--------------------------------------|--|-------------------------------|--|
| | | 155662 | B. WING_ | | | R | |
| NAME OF PI | ROVIDER OR SUPPLIER | 100002 | 1 | STREET ADDRESS, CITY, ST | TATE, ZIP CODE | 10/08/2014 | |
| NUIDCING | CARE AT HARTSELL D | WILL ACE | | 503 OTIS R BOWEN DR | | | |
| NURSING | CARE AT HARTSFIELD | VILLAGE | | MUNSTER, IN 46321 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | ((EACH CORREC CROSS-REFEREI | S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY) | | |
| {K 000} | Continued From page Chapter 18, New Heat This two story addition Type II (111) construct The facility has a fire smoke detection in the sleeping rooms and in the corridor. The facility beds and had a censul survey. All areas where the reaccess were sprinkler facility services were | e 2 Ith Care Occupancies In was determined to be of tion and fully sprinklered. It alarm system with automatic e corridors, in resident areas not separated from lity has a capacity of 112 as of 110 at the time of this esidents have customary red and all areas providing sprinklered. It is a sident of the sident of the separate of | {K 0 | 1 | | | |
| | | | | | | | |